



Australian Government

Comcare

AUTHORITY/REMOVAL OF AUTHORITY TO ACT ON EMPLOYEE'S BEHALF

This form is used to collect information needed when an employee advises Comcare that they have legal representation or other form of representation such as family members, a union delegate or another person, to represent them in claims matters or to deal with Comcare on their behalf.

This form also allows employees to revoke any previous authorities for a representative to deal with their claim.

EMPLOYEE DETAILS

Comcare claim reference number(s)	<input type="text"/>			
Surname	<input type="text"/>			
Given names	<input type="text"/>			
Residential address	<input type="text"/>			
	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	
Home phone number	<input type="text"/>	Mobile	<input type="text"/>	

REPRESENTATIVE DETAILS

Title (e.g. Mr, Mrs, Ms)	<input type="text"/>	Surname	<input type="text"/>	
Given names	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>
			(for identification purposes only)	
Postal address	<input type="text"/>			
	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	
Contact number	<input type="text"/>			
Relationship with employee	<input type="text"/>			

I ☐ GIVE OR ☐ NO LONGER GIVE PERMISSION FOR THE PERSON NOMINATED IN THIS FORM TO:

(please tick the appropriate box in the statement)

- ☐ Act on my behalf (this includes receiving all correspondence and making decisions relating to my claim including but not limited to claiming benefits, requesting reviews, requesting personal information)
- ☐ Discuss all matters relating to my claim

EMPLOYEE DECLARATION

I declare that the information I have supplied on this form is true and accurate. I am aware that I must notify Comcare in writing if I wish to amend or revoke this authority.

Signature

Date

Submit your completed form to Comcare:

- > email to general.enquiries@comcare.gov.au
- > mail to Comcare, GPO Box 9905, Canberra ACT 2601

If you have any difficulties completing or submitting this form, please contact Comcare on 1300 366 979.